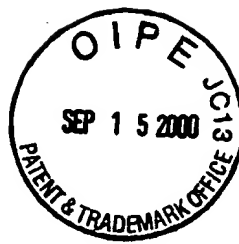


BARNES & THORNBURG



600 One Summit Square
Fort Wayne, Indiana 46802
(219) 423-9440

3/Re A
ME
10.7.00

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group: 2761

Attorney

Docket No.: 37168/82045

Applicant: Jeffery K. Dellinger et al.

Invention: METHOD AND APPARATUS FOR PROVIDING
RETIREMENT INCOME BENEFITS

Serial No: 09/406,290

Filed: September 24, 1999

Examiner: Unknown

Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first
class mail in an envelope addressed to: Assistant
Commissioner for Patents, Washington, D.C. 20231

on September 13, 2000

Bobby B. Gillenwater

RECEIVED
SEP 20 2000
TC 2700 MAIL ROOM

PRELIMINARY AMENDMENT

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

Prior to initial examination, please amend the above-identified application as follows:

IN THE CLAIMS:

Please add Claims 7-51 as follows:

A computerized method for administering a variable annuity benefit plan having a
guaranteed minimum benefit payment feature, and for periodically determining the amount of a
current benefit payment to be made to an owner under the plan, comprising the steps of:

09/19/2000 AZERGAW1 00000064 09406290

01 FC:102
02 FC:103

546.00 OP
558.00 OP



2761/8

BARNES & THORNBURG
600 One Summit Square
Fort Wayne, Indiana 46802
(219) 423-9440

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer #: 23641

Group

Art Unit: 2761

Attorney

Docket No.: 37168/82045

Applicant: Jeffrey K. Dellinger, et al.

Invention: METHOD AND APPARATUS FOR PROVIDING
RETIREMENT INCOME BENEFITS

Serial No: 09/406,290 /

Filed: September 24, 1999

Examiner: Unknown

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on September 13, 2000

Bobby B. Gillenwater

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SEP 20 2000
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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment and the filing fee is calculated below:

For	No. After Amendment	Highest No. Prev. Paid	No. Extra	Rate	Fee
Total Claims	51 - *	20	31 x	\$9/\$18 =	\$558.00
Indep. Claims	10 - **	3	7 x	\$39/\$78 =	<u>546.00</u>
TOTAL:					<u>\$1104.00</u>

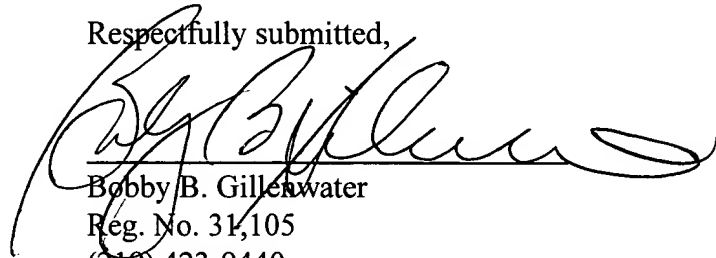
* If less than 20, enter 20

** If less than 3, enter 3

XX A check in the amount of \$1104.00 is enclosed for additional claim fees.

XX The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 02-1010. A duplicate copy of this sheet is attached.

Respectfully submitted,



Bobby B. Gilenwater
Reg. No. 31,105
(219) 423-9440

BBG:dnl

FWDS01 BBG 128752